									A	Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECO													
Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTIT		OR	OTHER SMALL	
TOTAL CLAIMS							•	RATE		FEE]	RATE	FEE
FOR			NUMBER FILED NUM			ER EXTRA	BASIC FE		EE	355.00	OB	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/ 0 min	us 20=	*			X\$ 9=		4,	OR	X\$18=	
INDEPENDENT CLAIMS			/ mi	nus 3 =	*	X40					OR	X80=	
ΜU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+135=				OR	+270=	
* f	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL 355		7-	j l	TOTAL	
CLAIMS AS AMENDED - PART II									ا "	ں مرک	JON	OTHER	THAN
(Column 1) (Column 2) (Column								SMAL	L E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=		X40=			OR	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	T CLAIM		!	. 105	\dashv			+270=	
							Ĺ	+135= TOT		· · · · · · · · · · · · · · · · · · ·	OR	TOTAL	
								ADDIT. FI			OR	ADDIT. FEE	
	r Nagarayan San	(Column 1)	942 312	(Colu		(Column 3)) r		_	ADDI	1 (1551
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID		PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Міnus	. **		=		X\$ 9=	=		OR	X\$18=	. (4)
	Independent	* NTATION OF MU	Minus	***	C C AIM	=		X40=			OR	X80=	
<u> </u>	ring i rhese	NTATION OF MIC	JLIIFLE DEF	ENDEN	CLAIIVI		1	+135=			OR	+270=	
							<u>L</u> Δ	TOTA		 	OR	TOTAL ADDIT. FEE	
		,	.0011.11	0		•							
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colui HIGH NUM PREVIO PAID	IEST IBER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=]	X40=	\dashv			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								\dashv		OR	7.00_	
+135= OR +270=													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		mber Previously Pa Ober Previously Pai								ropriate box			